

FILED

MAR 21 2008

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UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS10/10/2007
3-21-2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITDouglas TUFANKHAMUN
PlaintiffMCDONALDS CORP. NACEYS 3 ADVANCE
100 N RIVERSIDE PLZ 24 CHICAGO IL 60606-4113
CASE NUMBER 07-2064-0702
1152 41-3
Defendant(s)

08CV1665

JUDGE CASTILLO

MAGISTRATE JUDGE KEYS

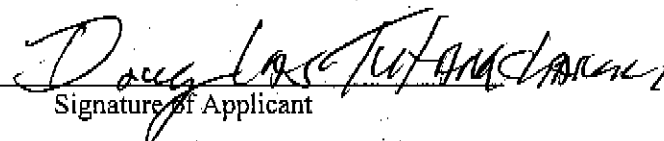
Wherever ☐ is included, please place an X into whichever box
more information than the space that is provided, attach one or
provide the additional information. Please PRINT.I, Douglas TUFANKHAMUN, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant
(other) in the above-entitled case. This affidavit constitutes my application ☐ to proceed
without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also
declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in
the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the
following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)
I.D. # Name of prison or jail:
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount:
2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages:
Name and address of employer:
- a. If the answer is "No":
Date of last employment: 8/15/79
Monthly salary or wages: 8/6 per hr
Name and address of last employer: 100 EAST BEVERLY ST
CHICAGO IL DEPT of HEALTH HCH V6
- b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages:
Name and address of employer: OF LAST EMPLOYER 100 EAST
BEVERLY ST CHICAGO IL DEPT of HEALTH HCH V6
3. Apart from your income stated above in response to Question 2, in the past twelve months have you
or anyone else living at the same residence received more than \$200 from any of the following
sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages ☐ Yes ☒ No
Amount Received by

- b. ☐ Business, ☐ profession or ☒ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☒ Rent payments, ☐ interest or ☐ dividends ☒ Yes ☐ No
Amount _____ Received by _____
- d. ☐ Pensions, ☒ social security, ☐ annuities, ☐ life insurance, ☒ disability, ☐ workers' compensation, ☐ unemployment, ☒ welfare, ☐ alimony or maintenance or ☐ child support ☒ Yes ☐ No
Amount \$ 50 Per month Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: nothing over \$200
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: _____


Signature of Applicant

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)